

**FILED - GR**

June 30, 2014 2:33 PM  
 TRACEY CORDES, CLERK  
 U.S. DISTRICT COURT  
 WESTERN DISTRICT OF MICHIGAN

BY\_mkc / SCANNED BY *MJC 7/1/14*

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

**UNITED STATES DISTRICT COURT**  
 for the

LAJUANA C. ISAAC, D.D.S. )  
 Plaintiff/Petitioner )  
State of Michigan et al. )  
 Defendant/Respondent )  
 Civil Action No.

**1:14-cv-698**

**Janet T. Neff**  
**U.S. District Judge**

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
 (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 350.00, and my take-home pay or wages are: \$ 0 per  
 (specify pay period) The office has not made enough money to sustain

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply): itself

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Brother- Herbert L. Isaac, II, MD-\$5000.00  
to pay on office rent

Mother- Clorinda K. Isaac, R.N.-I have received  
large sums of money as needed to pay  
rent, car repairs, buy house, house repairs,  
Food, gas, clothing, etc., as needed,  
licenses renewal, continuing classes, dental materials & equipment

4. Amount of money that I have in cash or in a checking or savings account: \$ 100.00  
\$ 500 in secured savings account

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

House - 859 Inglewood Pontiac, MI 48341  
 (my mother bought it for me) \$12,000, IRS lien for 74,000  
 2006 Acura TL - in my mother's name,  
 -needs engine

2nd Hand dental equipment - in my Dad's name \$ 2000

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

DTE - \$140/mo

Office Phone \$100/mo

Water/Gas \$140/mo

Student Loans - approximately \$100,000.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Veola Thomas - as needed

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Student loans

Taxes IRS (\$75,000.00), State of MI, City of Detroit

Dental labs \$3500.00

Dental Suppliers \$10,000.00

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

6-28-14

Lajuana C Isaac, DDS.  
Applicant's signature

LAJUANA C. ISAAC, DDS.  
Printed name